

讀書療法之文獻探討

ASPECTS OF BIBLIOTHERAPY

王清煌

Wang Ching-huang

摘要

本文旨在呈現讀書療法的各種面向,包括其歷史演進、定義、應用、研究和限制。尤其甚者,本人根據所讀資料,將兩類讀書療法重整為三類,即 1) 醫療讀書療法 (Clinical Bibliotherapy)、2) 教育(發展/人文)讀書療法 (Educational/ Developmental/ Humanistic Bibliotherapy) 和 3) 自助讀書療法 (Self-guided/Self-help/Self-paced Bibliotherapy)

關鍵詞: 醫療讀書療法、教育(發展/人文)讀書療法、自助讀書療法、認同、淨化、覺知、文學

ABSTRACT

The purpose of this paper is to explore the aspects of bibliotherapy: historical development of the concept from its inception to the present; evolving definitions, including an appropriate general definition; primary applications; research on its effectiveness; and limitations. Most importantly, based on a literature review and his personal perspectives, the author tries to divide bibliotherapy into three branches: 1) Clinical Bibliotherapy, 2) Educational/ Developmental/ Humanistic Bibliotherapy, and 3) Self-guided/Self-help/Self-paced Bibliotherapy.

Key words: Clinical Bibliotherapy; Educational/Developmental/Humanistic Bibliotherapy; Self-guided/Self-help/Self-paced Bibliotherapy; identification; catharsis; insight; literature

I. INTRODUCTION

Traditionally speaking, the field of bibliotherapy was divided into two categories: (1) clinical bibliotherapy and (2) educational bibliotherapy (or developmental bibliotherapy or humanistic development), and self-guided bibliotherapy (or self-help bibliotherapy or self-paced bibliotherapy) was regarded as part of the second. This division misleads people into mistaking self-guided bibliotherapy for a group act. I think it better to extract self-guided bibliotherapy from educational bibliotherapy, based on the aspects of bibliotherapy, including definitions of several key words and terms employed in research studies, historical development of bibliotherapy, claims of bibliotherapy, three elements of bibliotherapy, goals of bibliotherapy, limitations of bibliotherapy, and several studies of bibliotherapy. This distinction helps people understand the differences and similarities among the three types of bibliotherapy, 王清煌 國立虎尾科技大學應用外語系助理教授

including individual-therapist contact, facilitator, participant (or client), treatment place, cost, and certificate (see Table 1). Furthermore, this division will be very useful for the practices and the research studies of a specific type of bibliotherapy.

It is a hope that the paper can encourage facilitators, especially librarians, counselors, and teachers, to incorporate the theory of bibliotherapy into campus programs or courses, since this is likely to help students release negative emotions and even prevent them from doing something wrong such as committing suicide.

II. DEFINITIONS

2.1 Literature

According to Shook (1996), “[A] definition of literature begins not with the author but with the

reader. A reader or a group of readers will identify a text as literature when it decides that the text is more than just *informational* in nature, but rather it is *compelling*¹; that is, *it makes the reader reflect inwardly, personally*" (p.202). Carter and McCarthy (1995) assert that examples of literature can span from "literature with a capital 'L,' canonical literature---e.g. Shakespeare, or Hemingway to literature with a small 'l'---texts ranging from proverbs to jokes, to advertisements, which display an inherent literariness" (p.320). Moreover, Watsansomsithi (1998) claims that literature can cover "short stories, reflective essays, biography and autobiography, poetry, children's and folk genres such as fairy tales and fables" (p.70). Broadly used, literature contains all genres of written works, various forms of audiovisuals, creative writing by clients (Hynes et al., 1990), on-line materials, and the like.

2.2 Biblio

The word "biblio" originates from the Greek, *vivlion*, with the meaning of a book (Myers, 1998). Biblio, a root word for literature, includes all media (Hynes et al., 1987).

2.3 Therapy

The word "therapy" from the Greek *therapeia* meaning medical service or aid (Reiter et al., 1997) refers to healing through successful changes of values, actions (Hynes et al., 1987), and dysfunctional cognitions, or by means of modification or reconstruction of attitudes and perspectives.

2.4 Therapeutic Reading

¹ Based on Galloway (1995), Shook (1996) elaborated on the meaning of compelling as normally 1) evocative and emotive in the sense that literary works can profoundly impress readers; 2) timeless on account of its intrinsic value; 3) projective, which means that readers can reshape and reframe their ideas/thoughts/conception/beliefs by getting awareness or insights through literary materials; 4) conducive to shared values and assumptions, meaning literary works can rightly touch on what is significant to readers; 5) identifiable; 6) memorable.

Cohen (1992) sees therapeutic reading as "an interaction between the reader and the reading material" (p.2) and as "reading done deliberately for the purpose of obtaining help in a difficult life situation" (p.138).

2.5 Bibliotherapy

Bibliotherapy is "the process of dynamic interaction between the personality of the reader and the literature" (Russel and Shrodes, 1950, p.335) --- interaction can work for personality assessment, adjustment and developmental growth (1950). Favazza (1966) describes bibliotherapy as "a program of selected activity involving reading materials, planned, conducted and controlled as treatment under the guidance of the physician for emotional and other problems" (p. 139). Lejeune (1969; 1978, p. 205) regards bibliotherapy as "the clinical use of books in guidance and counseling situations that involve personal-social needs and/or problems of individuals---or groups for that matter." In the light of the two versions of clinical and educational/humanistic bibliotherapies, Berry (1978) views bibliotherapy as a cluster of techniques for bridging "an interaction between a facilitator and a participant, the broadest sense of literature and the beneficial goal for a participant" (cited in Wang, 2003, p. 16). Stephens (1981) thinks of bibliotherapy as "the solving of problems through books and reading" (p. 42). Bohning (1981) asserts that bibliotherapy is the directed reading of literary works to help readers "develop desirable attitudes and make satisfying personal and social adjustments" (cited in Newhouse and Loker, 1983, pp. 25-26; cited in Newhouse, 1987, p. 48). Riordan and Wilson (1989) view bibliotherapy as "the guided reading of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (p. 506). Giblin (1989) states that bibliotherapy is "the formal or informal use of reading materials as a, generally, out-of-session adjunct to enhance the therapy process" (p.219). Rothlein and Meinback

(1991) look upon the term bibliotherapy as identifying “printed materials that influence the way people think and feel and help them solve problems” (p. 284). Based on Bodart (1980), Borders and Paisley (1992) look upon bibliotherapy as “a process or activity designed to help individuals solve problems or to better understand themselves through their response to literature or media” (p.131). Cohen (1992) regards bibliotherapy as “the use of literature for therapeutic purposes” (p.1). Pardeck (1993b) defines bibliotherapy as “the self-examination and insights that are gained from reading, no matter what the source” (p.2). Daisey (1993) sees bibliotherapy as “the use of reading to provide comfort” (p. 436). Marrs (1994) in his study defines bibliotherapy as “the use of written materials or computer programs, or the listening/viewing of audio/videotapes for the purpose of gaining understanding or solving problems relevant to a person’s developmental or therapeutic needs” (p. 18). Reviewing all the literature he studied, Wang (2003) draws conclusions: “(1) bibliotherapy is a therapeutic reading process in which readers deal with their emotional difficulties in times of distress through literature, or any other form of media, with or without contact with therapists; and (2) bibliotherapy is a vehicle for readers to focus on prevention of future emotional problems or crisis” (p. 17).

III. HISTORICAL DEVELOPMENT OF BIBLIOTHERAPY

The idea of utilizing reading to meet individual needs has existed throughout human history (Afolayan, 1992). That is to say, reading literature or written materials for knowledge and growth has been around since human beings first had reading materials (Marrs, 1994).

Around 300 B.C., an inscription on a library in Alexandria was, “The nourishment of the soul”

(Cardenas, 1980, p. 3) or “The medicine of the mind” (Schulties, 1972). Aristotle maintained that reading had a therapeutic function by arousing readers’ emotions within themselves (Cardenas, 1980). In Ancient Thebes, the inscription above the entry of a library read, “The Healing Place of the Soul” (Zaccaria and Moses, 1968, p.12; Schrank and Engels, 1981, p. 143). Another inscription found in a medieval abbey in Switzerland said, “the medicine chest of the soul” (Salup and Salup, 1981, p. 3). Shakespeare also supports the function of reading by stating, “Come, and take choice of all my library and so beguile thy sorrow²” (Cardenas, 1980, p. 4)

Bibliotherapy in the United States can be traced far back to the application of reading and writing in a Pennsylvania hospital by Benjamin Rush in the 1840s, but its practice differs from that of today (Reiter, 1997). In 1840, the concept of bibliotherapy was introduced to New York’s Sing Sing Prison and books were available for inmates (Gillespie, 1994).

In a 1916 issue of *Atlantic Monthly*, Samuel Crothers coined the term “bibliotherapy” to mean the use of books in treatment (Cohen, 1988; Pardeck & Markward, 1995). Since that time, the concept of bibliotherapy has been applied in the fields of counseling, library science, education, and so on (Baskin & Harris, 1977, 1984; Bauer, 1985; Litton et al., 1980). After World War I, the technique of bibliotherapy was widely adopted in Veterans Administration hospitals, and VA librarians, such as Pomeroy (1978), Peterson-Delaney (1938) and Kinney (1946), wrote various relevant articles (Marrs, 1994).

In the 1930s, Drs. Karl and William Menninger were the initial clinicians who examined the effectiveness of bibliotherapy and their 5-year study reported

² Titus Andronicus. Act IV, Sc. I, 1.34.

mixed results (Menninger, 1937; Pardeck and Markward, 1995). Bryan wrote a series of three articles³ (1939a; 1939b; 1939c) in an attempt to develop a theory of bibliotherapy and to suggest practical steps (Rubin, 1978, p. 216). Moreover, Menninger (1937) pointed out that The Menninger Clinic was among the first to pioneer the interdisciplinary utilization of reading programs for coping with physical and mental presenting problems (Giblin, 1989).

By 1940, bibliotherapy had been employed in various settings. In the 1940s, articles started to discuss bibliotherapy based on philosophy and psychology. Since 1946, bibliotherapy has been applied to children (Agnes, 1946; Myracle, 1995). In addition, since the 1940s, it has become popular to apply bibliotherapy in educational settings, mostly led by classroom teachers (Peryon, 1982; Sandmann, 1997).

In the 1950s, bibliotherapy continued to be applied by trial and error on account of the lack of an approved method (Sclabassi, 1973). In the 1960s, bibliotherapy went on to expand its applications. In 1964, the American Library Association (ALA) sponsored the National Institute of Mental Health to fund a three-day interdisciplinary bibliotherapy workshop (1973) entitled "Bibliotherapy: What it is and can do for mental health" (Beatty, 1964). Since the 1960s, bibliotherapy has been regarded by psychologists as the healing use of literary work, with minimal or no contact between a therapist and a patient (Cohen, 1992). In 1969, Leedy edited the first systematic presentation of poetry therapy between therapist and client in therapeutic sessions (Harrower, 1978).

³ The three articles are "The Psychology of the Reader" (January 1930), "Personality Adjustment through Reading" (August 1939), and "Can There Be a Science of Bibliotherapy" (October 1939).

More than 20 years ago, the American Psychological Association Task Force on Self-Help Therapies (Rubin, 1978) was established to stress psychologists' responsibility in producing self-help materials based on recognized standards such as treatment modality (Johnson, Johnson, and Hillman, 1997). In the 1970s, do-it-yourself books grew explosively (Rosen, 1976a, 1976b, 1993). At the fourth Bibliotherapy Round Table in Washington, D. C., in January, 1977, Berry suggested dividing bibliotherapy into clinical bibliotherapy and educational/humanistic bibliotherapy (Rubin, 1978).

In the 1980s, do-it-yourself books developed with self-help audiocassettes (Rosen, 1993). In the 1990s, Mindware (1990) indicated that the era of computer-assisted self-help therapy had approached.

IV. CLAIMS OF BIBLIOTHERAPY

Bibliotherapy has been known by several other names: library therapeutics, litertherapy (combining LITERture and psychoTHERAPY), bibliocounseling, bibliopsychology, biblioprophylaxis, biblioeducation, biblioguidance, tutorial group therapy (Rubin, 1978; Pardeck, 1995), and reading therapy (Schmidt, 1962). Over the past several decades, bibliotherapy has been employed by professionals such as counselors, psychologists, psychiatrists, educators and later social workers (Pardeck and Pardeck, 1983, 1987, 1989; Pardeck, 1991).

Reading is a vital source of cognitive and mental growth in civilized society (Medlicott, 1975; Rubin, 1978). The three purposes of reading books or literature have been entertainment, instruction, and healing (Schrank and Engels, 1981). The reading process stands for a change and reconstruction of individuals' attitudes through affective reading materials, and this can enhance personal growth in sensitivity, identification, and empathy (Stephens, 1981). Colaizzi (1978) notes that reading benefits

readers in changing their behaviors, cognitions, attitudes, and life priorities. According to Shrodas (1950), readers can be liberated by the energy of literature or written words on account of the transformation between reader and text. Rosenblatt (1938) claims that literature could help readers vicariously experience the problems of literary characters or the feelings expressed in poems and find similarities with their own. Aristotle maintained that poetry, a form of knowledge, had a positive moral impact on emotions by *katharsis* referring to a form of cleansing through emotional release (Reiter et al., 1997).

The following citations from researchers, writers, and philosophers are selected to support the importance of reading, books or literature in chronological order. Montesquieu (1899) supports the reading function in releasing distress in *Pensees Diverses* (cited in Tripp, 1970), "I have never known any distress that an hour's reading did not relieve." Robert Graves (1922) wrote in *On English Poetry*:

Poetry is no more a narcotic than a stimulant; it is a universal bitter-sweet mixture for all possible household emergencies.... A well-chosen anthology is a complete dispensary of medicine for the more common mental disorders, and may be used as much for prevention as cure (cited in Schauffler, 1925; cited in Perakis, 1992, p. 95).

John Oliver writes in his book *Fear* (1928), "The right kind of book may be applied to a mental illness just as a definite drug is applied to some bodily need" (p. 291; cited in Russell and Shrodes, 1978, p.213). Menninger (1937) says, "Our intuition and our experience tell us that books may indeed 'minister to a mind diseased' and come to the aid of the doctor and even precede him" (p. ix; cited in Russell and Shrodes, 1978, p. 213). Cionciolo (1965) states, "Books can provide a source of psychological relief

from the various pressures and concerns that stem from the things that happen to children" (p. 897). Part of the poem "The Library" by George Crabbe (1966, p. 5; cited in Rongione, 1978, p.274) indicates the function of books: But what strange art, what magic/can dispose/The troubled mind to/change its/native woes?.../This, books can do;---nor this alone,/ they give/New views to life, and teach us/how to live, / They soothe the griev'd, the stubborn/ they chastise./Fools they admonish, and/ confirm the wise. Schechter (1973) states that "Poetry offered constructive insights and solutions to human needs, fears and aspirations" (cited in Leedy, 1973). "Reading may increase ability to understand others by giving social insights, promoting empathy and thus, for example, modifying racial attitudes" (Spache, 1974; 1978, p. 241). Likcorish (1975) took reading as "a means of cultivating the inner life and gaining wisdom and comfort in times of distress" (p.105). Pardeck (1993b) regarded books and literature as "instruments to build character and develop positive values" (p.3). Reiter (1997) states, "Poetry has the unique capacity to allow the varied and even paradoxical aspects of self to be integrated into a unified expression of the heart, mind, and spirit" (p.173). Nasrin Farrokh-Hermat said, "Poetry is the language of the soul. It expresses certain sensitivity to the life around you and the world inside you" (IDS, 2001).

It is believed that reading can influence readers, and bibliotherapy is an effective way to complete the task (Schrank, 1981; Piercy, 1996). In a research review, Schrank (1982) reaches the conclusion that bibliotherapy is beneficial for attitude shifts, psychological health, self-concept development, and fear reduction. Bibliotherapy and poetry therapy are two terms employed to "describe the intentional use of poetry and other forms of literature for healing and personal growth" (Reiter et al, 1997). Bibliotherapy can be used to "identify printed materials that influence the way people think and feel and help them solve problems" (Rothlein & Meinbach, 1991,

p.284). According to Gladding and Gladding (1991), bibliotherapy provides a means to release pent-up emotions that may previously have blocked personal growth and interpersonal interaction. They further state that bibliotherapy can assist readers in understanding more about themselves or certain characteristics such as shyness and envy by exposing themselves to a magnitude of characters in literary works (1991).

Economically, bibliotherapy is a low-cost method of therapy because it can be implemented with little or no therapist contact (Register, Beckham, May, and Gustafson, 1991). Rather, the technique of bibliotherapy has the advantage over other therapies, in that it is simpler, less intrusive, less expensive (Sipsas-Herrmann et al., 1996), less confrontational and less threatening than other treatment techniques (Reiter et al., 1990; Reiter, 1997) and in that self-guided books and any other form of media are available anywhere and any time. Bibliotherapy can be employed in a whole group, a small group or by an individual. Thompson and Rudolph (1988) state that bibliotherapy cannot only be effective as a counseling vehicle but also as an educational vehicle. Berry (1978) and his students distinguish the field of bibliotherapy between clinical bibliotherapy and educational/humanistic bibliotherapy. To clarify the appropriate application of bibliotherapy, Schlichter and Burke (1994) divide bibliotherapy into clinical bibliotherapy and developmental bibliotherapy (Kramer and Smith, 1998). Here, educational bibliotherapy, humanistic bibliotherapy and developmental bibliotherapy

are the same or similar.

The remainder of this section will be used to discuss clinical bibliotherapy, educational/ developmental/ humanistic bibliotherapy, and self-help/self-guided/self-paced bibliotherapy respectively:

4.1 Clinical Bibliotherapy

As a counseling vehicle, the focus of bibliotherapy can be on feelings, behaviors, relationships, cause-and-effect, and consequences, and this can be applied to the real world (Thompson and Rudolph, 1988). Berry and her students (1978) see clinical bibliotherapy as a form of psychotherapy that refers to “a class of bibliotherapy applications (involving shared literature as a basis for facilitator-participant interactions) which are conducted within a context that can best be described as a therapy model” (p. 9). Furthermore, clinical bibliotherapy mainly “involves psychotherapeutic methodologies used by skilled practitioners with populations in a specific treatment program for [moderately or severely] emotional or behavior problems” (Schlichter and Burke, 1994). Instead of clinical bibliotherapy, Reiter et al. (1997) coin the term “clinical interactive bibliotherapy” as “the use of literature and creative writing to promote healing and growth in psychiatric units, the community, mental health centers, and in chemical dependency units” (p. 170). The administrators qualified to conduct clinical bibliotherapy may well be clinically trained librarians, counselors, psychiatrists, social workers, psychologists, and clinically trained ministers (Berry, 1978).

4.2 Educational/Developmental/ Humanistic Bibliotherapy

As an educational or developmental vehicle, the center of bibliotherapy can be on changing attitudes and behaviors, prompting ideas and facts from reading materials to produce new insight into confronting problems (Pardeck, 1993a). Berry et al. (1978) regard educational/humanistic bibliotherapy as “a class of bibliotherapy applications which are conducted within a context that can best be described as an educational model” (p. 9). According to Berry et al. (1978), the main focus of this bibliotherapy is on the learning process of self-actualization, self-discovery or general self-development. Developmental bibliotherapy refers to “the use of

both imaginative and instructive materials with groups of normal individuals” (Afolayan, 1992, p. 139); it sheds light on “the process of helping healthy people in their normal growth and development” (Schlichter and Burke, 1994). More clearly, it “attempts to anticipate and meet needs before they become problems, helping people [e.g., students] to move through life’s predictable stages with information about what to expect and examples of how other people have dealt with the same developmental changes” (Halsted, 1988, p.59). Instead of developmental bibliotherapy, Reiter et al. (1997) coin the term “developmental interactive bibliotherapy” to mean “the use of literature and creative writing with children, adults, and older persons to promote growth and development when working with healthy populations in environments such as schools, recreation centers, libraries, and nursing homes” (p. 170). The qualified facilitators could be teachers, school counselors, public librarians, poets, nurses, and ministers (Berry, 1978).

According to Ouzts (1991), bibliotherapy can aid readers to adjust themselves to complex life difficulties and promote attitude changes. Bibliotherapy may well be a beneficial program or way to enhance mental health for readers, especially for students in school, to confront their current and future emotional difficulties in their different developmental stages or in their difficult life situations (Stephens, 1981). More clearly, the utility of bibliotherapy is twofold: reading materials may assist readers 1) to develop coping strategies for future problems they may encounter, and 2) to solve current problems (Krickeberg, 1991). Moreover, educational bibliotherapy, in my opinion, can help individuals to structure positive conceptual schemata to confront their potential emotional difficulties, and further possibly carry out social justice through empathy aroused from literature. In a word, bibliotherapy, especially educational or developmental bibliotherapy, is not only a coping

therapy but also a preventive therapy and even a social-justice therapy.

The studies and writings of Russell and Shrodes (1950) suggest that bibliotherapy is the designed use of literary works with students in an ordinary classroom. Newton (1969) suggests that teachers or educators utilize bibliotherapy to help modify or shape students’ attitudes and behaviors at the elementary and high school levels. Havinghurst (1972) outlines the developmental tasks of middle childhood⁴ and adolescence⁵. Russell and Shrodes (1950) remind us that bibliotherapy can help individuals face the developmental tasks of growth and adjustment. Many children and adolescents fail to or are reluctant to verbalize their emotions such as fear and depression openly, so bibliotherapy can allow them to understand themselves more, experience vicariously literary characters’ problems in texts, purify their emotions, and thereby find alternatives or strategies to solve problems (Schrank, 1982). Schools have been popular settings for bibliotherapy on account of educational goals, including the development of students’ ability to face today’s world (Rubin 1979) or a changing society.

⁴ According to Havinghurst (1972), Developmental Tasks of Middle Childhood include 1. Learning Physical Skills Necessary for Ordinary Games, 2. Building Wholeness Attitudes Toward Oneself as a Growing Organism, 3. Learning to Get Along with Age-Mates, 4. Learning An Appropriate Masculine or Feminine Social Role, 5. Developing Fundamental Skills in Reading, Writing and Calculating, 6. Developing Concepts Necessary For Everyday Living, 7. Developing Conscience, Morality, and A Scale of Values, 8. Achieving Personal Independence, and 9. Developing Attitudes Toward Social Groups and Institutions (cited in Stephens, 1981, p. 10).

⁵ Based on Havinghurst (1972), Developmental Tasks of Adolescence consist of 1. Achieving New and More Mature Relations with Age-Mates of Both Sexes, 2. Achieving a Masculine or Feminine Social Role, 3. Accepting One’s Physique and Using the Body Effectively, 4. Achieving Emotional Independence of Parents and Other Adults, 5. Preparing for Marriage and Family Life, 6. Preparing for an Economic Career, 7. Acquiring a Set of Values and An Ethical System as a Guide to Behavior--- Developing an Ideology, and 8. Desiring and Achieving Socially Responsible Behavior (cited in Stephens, 1981, p.10).

This type of bibliotherapy is known as developmental bibliotherapy. The goal of developmental bibliotherapy is not only to maintain psychological health in difficult life situations but also to enhance developmental tasks and self-actualization (Rubin, 1979).

4.3 Self-Help/Self-Guided/Self-Paced

Bibliotherapy

Books have assisted people gain inspiration or solace as silent counselors for centuries (Riordan and Wilson, 1989; Pardeck, 1991). The professional application of bibliotherapy or the professional use of self-guided materials has become so widespread and popular, especially as a supplement to treatments, that Starker (1986) utilizes the term “silent revolution” to metaphorize the situation of bibliotherapeutic practice (Warner, 1991; Ogle, Lambert, and Craig, 1991; Johnson, Johnson, and Hillman, 1997). Simply stated, self-help books are written for laypersons to help them solve life problems and live their lives effectively (Santrock, Minnett, and Campbell, 1994). Ellis notes that self-help books can teach normal persons ways to understand themselves better and effectively deal with disturbing emotions (Foster, 1996). Katz and Katz (1985) define self-help books as those that can “help an individual improve, modify, or otherwise understand his or her physical or personal characteristics” (p. xv). Forest and Risley define self-help books as paperbacks with at least one explicit attempt to improve readers’ psychological or social functioning, such as anxiety-reduction, confidence-increase, or spouse relationship-aid (Forest, 1988). Self-help books come in many forms, varying from vague and merely inspirational works to self-help bibliotherapeutic procedures for individuals with specific mental problems (Johnson, Johnson, & Hillman, 1997). The popularity of self-help books may result from their low cost, wide availability, explicit relevance to daily issues in a positive manner, the lack of practicable treatment alternatives (Forest,

1988) or more privacy for readers. However, self-help materials should not be limited to the above definitions, but should contain any reading or written materials, fiction and nonfiction, or any other form of media which can help readers obtain awareness to solve life problems or avoid some troubling behaviors or emotional problems.

It is generally accepted that self-help therapy is an excellent adjunct to treatments in therapeutic settings such as university counseling centers (Quackenbush, 1991). According to self-help supporter Ellis (1992), some people can make profound personality changes by means of self-help books, pamphlets, cassettes and other materials, with or without regular therapy. Individuals can acquire such bibliotherapeutic treatment through private self-guided reading. This kind of bibliotherapy might be clustered under so-called reading bibliotherapy⁶ (Hynes and Hynes-Berry, 1986) or educational/developmental bibliotherapy, but it would be more appropriate to coin it a self-help bibliotherapy (Cohen, 1989, 1993), self-paced bibliotherapy (Scogin, Jamison and Gochneaur, 1989), or self-guided bibliotherapy coined by Pugh (Wang, 2003). However, self-guided bibliotherapy should not be limited to “the use of a single work of nonfiction such as a self-help manual or book or programmed instruction” (Cohen, 1993, p. 74), but should be that of one or more works of nonfiction and even various sources such as audiocassettes and on-line works. With severely limited or no individual-therapist contact, self-guided bibliotherapy can prove the efficacy of improving emotional and behavioral health (Black and Threfall, 1986; Brownell, Heckerman and Westlake, 1978; Dodge, Glasgow and O’Neill, 1982; Scogin, Hamblin and Beutler, 1987; Scogin, Jamison and Davis, 1990; Scogin, Jamison and Gochneaur, 1989; Wollersheim and Wilson, 1991). Moreover, Starker’s study in

⁶ For Hynes and Hynes-Berry (1986), reading bibliotherapy requires readers and literary texts, with bibliotherapists as readers’ advisors but without discussing readers’ responses to the texts.

Boston and San Diego showed that nearly 90% of the psychologists (N = 123) he studied thought of self-help books as helpful, but only 4% as unhelpful and none harmful (Ellis, 1993; Johnson, Johnson, and Hillman, 1997).

Self-guided bibliotherapy has been known by several other names: self-care therapy (Jacobs and Coodman, 1989), do-it-yourself therapy, and self-change therapy without contact with a professional (Rosen, 1993). Rosen (1993) views do-it-yourself therapy as the utilization of self-help books, audiocassettes and any other informational modality to assist readers to change behavioral, relationship, or psychological difficulties (1993). Drawing from these relevant pieces, especially Rosen's definition of do-it-yourself therapy and Ellis' view of self-help books, Wang (2003) defines self-guided bibliotherapy in his dissertation study as "*a therapeutic self-reading process in which readers in times of distress deal with their emotional difficulties through literature, or any other form of media, but with little contact with therapists*" (p. 19).

4.4 Comparison

Based on the above discussion, Table 1 explicates the major comparison of the three categories of bibliotherapy: 1) Clinical Bibliotherapy, 2) Educational/ Developmental/Humanistic Bibliotherapy, and 3) Self-guided/Self-help/Self-paced Bibliotherapy.

V. THREE ELEMENTS OF BIBLIOTHERAPY

Nickolai-Mays (1987) outlines the three crucial stages of bibliotherapy as identification, interaction and insight. However, most researchers refer to the three vital elements of bibliotherapy as identification, catharsis, and insight, which may occur between reader and text (Shroddas, 1950; Zaccaria, 1978;

Cohen, 1992; Piercy, 1996). Here, catharsis and interaction mean emotional release.

Simply stated, identification with characters may enhance the sense of belonging, increase self-esteem and provide insights into the modification and change of readers' beliefs and personality (Stephens, 1981). In the stage of identification, the vicarious participation in the lives of literary characters can help readers understand the potential problems they might encounter in the future (1981) and/or in the present. Catharsis can take place through the release of negative emotions (1981). The insight into ways of dealing with emotional difficulties and life problems can lead to personal growth and adjustment (1981).

5.1 Identification

Russell and Shordes (1950; 1978, p. 211) regard identification as "the real or imagined affiliation of one's self (or sometimes a parent or a friend) with a character or group in the story read" (cited in Stephens, 1981, p.42). Russell (1979) points out that identification starts with a connection between reader and literary character, which can help individuals understand their non-unique difficulties (Afolayan, 1992), and largely unconsciously see their own situational and emotional similarities in literary characters (Shroddas, 1950; Zaccaria, 1978; Cohen, 1992; Piercy, 1996). Based on Hoagland (1972), Hildreth and Candler (1992) indicate that identification "requires readers to become personally involved in the literature or see a situation similar to some of their own situations" (p. 294). Through identification, individuals tend not to position themselves in a negative manner (Afolayan, 1992) in that they do not feel that they are alone.

5.2 Catharsis

Simply defined, catharsis means "purification from emotions" (Stephens, 1981, p.42) or "relinquishing those emotions or feelings under safe conditions" (Guy, 1993, p. 33). Russell and Shordes (1950)

Table 1:
Comparison of Clinical Bibliotherapy, Educational/Developmental/Humanistic Bibliotherapy, and Self-help/Self-guided/Self-paced Bibliotherapy

	Clinical Bibliotherapy	Educational/ Developmental/ Humanistic Bibliotherapy	Self-guided/ Self-help/ Self-paced Bibliotherapy
Individual-therapist Contact	Yes	Limited or No	Little or No
Practitioner(s) or Facilitator(s)	Clinically-trained librarians, counselors, psychiatrists, social workers, psychologists, clinically-trained ministers, etc.	Teachers, school counselors, public librarians, poets, nurses, ministers, etc.	Readers
Participant(s)	Clients with moderate or severe emotional/ behavioral problems	Normal individuals with slight or no emotional difficulties	Normal individuals with slight or no emotional difficulties
Treatment Place(s)	Psychiatric units, mental health centers, chemical dependency units, the community, etc.	Schools, recreation centers, libraries, nursing homes, etc.	According to individuals' preferences
Cost	Less expensive than other clinical treatments for clients with emotional problems	Low cost	Low cost
Certificate	Necessary	Not Necessary	Not Necessary

define catharsis as “a release of tension through symbolic gratification of socially unacceptable urges or substitute gratification of socially approved motives” (Rubin, 1978, p. 212). According to Hoagland (1972), Hildreth and Candler (1992) indicate that catharsis “requires the reader to release emotional tension surrounding the problem” (p. 294). When readers become affectively involved in literary works, they can release their emotion after clarifying or purifying and interacting with themselves (Shrodas, 1950; Zaccaria, 1978; Cohen, 1992; Piercy, 1996).

5.3 Insight

Insight refers to “developing options to solve the problem” (Guy, 1993, p. 33) or “seeing oneself in the behavior of the character and thereby achieving an awareness of one’s own motivation and needs”

(Russel and Shrodes, 1950; Rubin, 1978, p. 212; Stephens, 1981, p.42). Also, Cornett (1980) regards insight as maturation from a state of helplessness to that of hope. Based on Hoagland (1972), Hildreth and Candler (1992) state that insight “require[s] the reader to integrate intellectual perceptions with emotional drives” (p. 294). At this point, readers can structure their positive emotions by internalizing, integrating, and then externalizing their emotional experiences (Shrodas, 1950; Zaccaria, 1978; Cohen, 1992; Piercy, 1996) after analyzing the literary characters and their situations; further they can take effective control of their emotions or problems in terms of producing alternative solutions (Afolayan, 1992).

5.4 Summary

Based on the above description, bibliotherapy occurs as follows: First, readers can identify with the main characters of the literary works that produce alternatives to solve their emotional difficulties similar to the readers'. Second, the readers can find a release for their disturbing emotions. Finally, they generate positive cognitions or insights into ways to solve their problems and ventilate their negative feeling.

VI. GOALS OF BIBLIOTHERAPY

The goals of bibliotherapy should be related to the areas of counseling and clinical psychology (Marrs, 1994). Bibliotherapy can "promote empathy, create positive attitudes [and new values], produce personal and social adjustments, and develop self-images," and "release emotional pressures and promote tolerance, respect, and acceptance of others" (McCarty and Chalmers, 1997, p. 17).

Following in chronological order are several researchers' views of bibliotherapy goals, most of which are congruent with one another. Appel (1944) maintains that bibliotherapy can aid an individual (cited in Russell and Shrodes, 1978, pp. 213-214): (1) to acquire information and knowledge about the psychology and physiology of human behavior; (2) to live up to the injunction, "Know thyself"; (3) to become more extraverted and find interest in something outside himself; (4) to effect a controlled release of unconscious difficulties; (5) to use the opportunity for identification and compensation; (6) to clarify difficulties and to acquire insight into his own behavior. Rongione (1972; 1978, pp. 268-269) lists the objectives of bibliotherapy as: (01) to teach a person to think positively and constructively and so to avoid negative and pessimistic patterns of thought; (02) to encourage a person to talk freely and honestly about problems which, in the past, fear, shame, or guilt made it difficult for him to discuss; (03) to help a person to analyze his attitudes and behavior with a

view to understanding better his mental and emotional reactions to frustrations and conflicts; (04) to point out that more than one solution to a problem is possible and that some choice may be exercised in the way a problem is handled; (05) to increase a person's self-esteem in the realization of his intrinsic worth as a child of God and as a member of the various social institutions, such as the family, the community, the church, the country, etc; (06) to stimulate his eagerness to seek adjustment that will lessen his conflicts, as he finds in books that others have successfully surmounted similar problems; (07) to assist a person to compare his problems with those of others so that his feeling of isolation may be dispelled and his fear of being different may be allayed; (08) to help a person to explore his own basic and mixed motivations and those of others when involved in particular situations; (09) to stimulate a person's imagination, enlarge his sphere of interests, and afford vicarious satisfaction without exposing him to the real dangers of certain actual experiences; (10) to provide guidelines of conduct and to reinforce, by precept and example, acceptable social and cultural patterns of morality which inhibit infantile, anti-social, even criminal behavior; (11) to assist a person to rise above merely material considerations and motivate him to see values in human and spiritual terms; (12) to provide therapeutically planned experiences which will encourage a person to face his situation honestly, reasonably, and realistically and to plan and carry to fruition a constructive course of action. Alex (1993) shows the goals of bibliotherapy are: (1) to develop an individual's self-concept; (2) to increase an individual's understanding of human behavior or motivations; (3) to foster an individual's honest self-appraisal; (4) to provide a way for a person to find interests outside of self; (5) to relieve emotional or mental pressure; (6) to show an individual that he or she is not the first or only person to encounter such a problem; (7) to show an individual that there is more than one solution to a problem; (8) to help a person discuss a problem more freely; (9) to help an

individual plan a constructive course of action to solve a problem. Pardeck (1995) bases six goals of bibliotherapy (p.83) on Baruth' and Burggraf's (1984) claims: (1) to provide information on problems; (2) to provide insight into problems; (3) to stimulate discussion about problems; (4) to communicate new values and attitudes; (5) to create an awareness that others have dealt with similar problems; (6) to provide solutions to problems. Reiter and his students (1997) make a list of specific goals of poetry therapy (pp. 170-171): (01) to improve the capacity to respond to vivid images and concepts, and the feelings aroused by them; (02) to enhance self-understanding and accuracy in self-perception; (03) to increase awareness of interpersonal relationships; (04) to heighten reality orientation; (05) to develop creativity, self-expression and greater self-esteem; (06) to encourage positive thinking and creative problem-solving; (07) to strengthen communication, particularly listening and speaking skills; (08) to integrate the different aspects of the self for psychological wholeness; (09) to ventilate overpowering emotions and release tension; (10) to find new meaning through new ideas, insights, and/or information; (11) to help participants experience the liberating and nourishing qualities of beauty.

Drawing on the above pieces and other researchers' views, bibliotherapy can accomplish the following goals: (1) to strengthen self-awareness and self-understanding; (2) to enhance understanding and empathy for others; (3) to provide effective coping strategies; (4) to enable individuals to express ways of feelings and ideas about their emotional difficulties (Alex, 1993; Kramer and Smith, 1998); (5) to structure new values and attitudes; (6) to supply possible solutions to problems (Baruth and Burggraf, 1984; Pardeck, 1995); (7) to reduce the level of emotional difficulties; (8) to prevent developmental or potential problems; (9) to build social practice schemata and possibly carry out social justice.

VII. STUDIES OF BIBLIOTHERAPY

Numerous studies support the function of bibliotherapy for people with emotional difficulties, such as fear, depression, anxiety, stress, grief, pain, shyness, loneliness, sadness, and worry.

Newhouse (1987) examined the bibliotherapeutic effectiveness of generalized fear reduction in 30 second-graders, 15 randomly assigned to the experimental group and 15 to the control group. The Link Children's Fear Scale (1976) was used with pretest and posttest measures to compare these two groups. The treatment involved 56 one-hour sessions of reading selected books about fear, and oral readings together with supervised discussions. The results indicated that bibliotherapy could reduce generalized fear in the experimental group.

Ogles, Lambert, and Craig (1991) studied the efficacy of four self-help books assigned randomly to 48 females and 16 males who had recently experienced or were currently experiencing divorce or breakup. One group received *Letting Go* by Wanderer and Cabot (1978), describing a variety of strategies for healing loss. Two groups obtained respectively *Rebuilding When Your Relationship Ends* by Fisher (1981) and *Coming Apart* by Kingma (1987) that represents coping strategies and information in each adjustment phase based on the stage theories of loss. The other group got *Living Through Personal Crisis* by Sterns (1984) offering ways to deal with general life crisis such as divorce and loss. These 64 informants were required to complete pretest measures (the BDI, the SCL-90-R, the LQ, the EXQ) and posttest measures (the BDI, the SCL-90-R, the LQ, the AQ, and the RR)⁷ after three weeks. The results showed that these four books were helpful for the four groups in reducing the effect

⁷ BDI = Beck Depression Inventory; SCL-90-R = The Hopkins Symptom Checklist-90-R; LQ = Loss questionnaire; EXQ = Expectancy questionnaire; AQ = Attribution questionnaire; RR = Reading report.

of loss. Plus, the more the informants expected to gain help from books, the greater symptomatic changes they made.

In 1992, Cohen interviewed 5 females and 3 males, with ages spanning from 26 to 54 and with educational levels varying from high school to graduate study. Their emotional difficulties included grief, pain, shyness, loneliness, depression, stress, sadness, and worry. Transcriptions taken from all semi-structured and audiotaped interviews were analyzed by means of the Colaizzi (1978) method⁸. The results showed that these 8 participants perceived self-guided bibliotherapy as efficacious in times of distress after experiencing therapeutic reading marked by recognition of self which evolved into ways of feeling and of understanding.

In 2002, Wang investigated five female Taiwanese graduates' self-guided bibliotherapeutic experiences relating to identity issues in American university settings. The methods for data collection and clarification were audiotaped face-to-face interviews, telephone interviews, mind-mapping, think-aloud protocols, telephone follow-ups, and interview correspondence. These five informants' emotional difficulties included loneliness, depression, stress, sadness, confusion, loss, and worry. The researcher analyzed the data through a research model generated on the basis of identity theory, Cognitive-Behavior Therapy, and bibliotherapy theory. The study revealed the successful self-guided bibliotherapeutic processes by which these informants employed literature to deal with their emotional difficulties and then move on after identity examination, identity modification, or identity generation (Wang, 2003).

⁸ This method includes "1) dwelling with the data, 2) extracting significant statements, 3) formulating meanings, 4) organizing the meanings into clusters of themes, 5) creating an exhaustive description of the phenomenon, and 6) reducing the description to a statement of the fundamental structure of the phenomenon" (Cohen, 1993, p.74).

VIII. LIMITATIONS OF BIBLIOTHERAPY

Even though it has been widely employed and effective as a treatment adjunct, bibliotherapy still presents unavoidable risks or limitations (Pardeck, 1991). Edwards and Simpson (1986) claim that bibliotherapy is not significantly effective in healing with severe emotional disorders. By the same token, Craighead, McNamara and Horan (1984) point out that bibliotherapy may be beneficial for mildly depressed people, but there "are serious ethical considerations with the more severely depressed" (p. 920). Gottschalk (1948) also indicates that mild psychoneurotic clients generally benefit from bibliotherapy, but severe psychoneurotic ones are less likely to do. The effectiveness of bibliotherapy is limited in empirical evidences because it is a developing discipline (Schlichter and Burke, 1994) or it is not professionally scrutinized (Johnson and Johnson, 1998).

Even if it has a broad scope of application with populations of various ages or cohorts (Reiter et al., 1997), bibliotherapy is not necessarily suitable for every individual (Halliday, 1991). The variables might include reading literacy (Moses and Zaracia, 1969; Rubin, 1978), visual acuity, concentration (Cohen, 1989), personality characteristics (Moses and Zaracia, 1969; Rubin, 1978; Gladding and Gladding, 1991), reading habits (Gottschalk, 1948; Rubin, 1978), readers' ages (Spache, 1974), reading interests, and sources of bibliotherapeutic materials. For example, Baruth and Burggraf (1984) state that bibliotherapy is more beneficial with individuals of average or above average reading ability than with those of below average ability because the former may feel more comfortable with reading. Self-help orientations may promote non-problems because individuals dealing with developmental tasks may label themselves as developmental problems (Marrs, 1994). Self-help orientations may cause individuals to self-diagnose themselves inappropriately because they may underestimate their mental problems and

their need for help (Marrs, 1994). Craig et al. (1984) asserts that bibliotherapy is differentially efficacious for different problem types. Based on research reviews, they find that bibliotherapy is more effective in coping with “assertion, depression, anxiety, vocational concerns, sexual problems, and academic problems” (Marrs, 1994). This means that bibliotherapy is not a cure-all for all emotional difficulties or problems (Moses and Zaracia, 1969; Rubin, 1978; Harrower, 1978; Afolayan, 1992). It is still unknown “for whom and under what conditions bibliotherapy might be most effective” (Marrs, 1994, p. 17). According to Spache (1974), individuals may refuse to make constructive identification with the literary characters in that they are unwilling to be reminded of their own mental problems or life dilemmas (Rubin, 1978). Self-help books are not sufficient in the diagnostic areas, in monitoring compliance, and in individual follow-up (Rosen, 1987, 1993). There is an extraordinary methodological difficulty in evaluating the efficacy of self-help books (Schindler, 1979). Most books on the market have minimal or no empirical evaluation of their effectiveness (Ogles, Lambert, and Craig, 1991). Readers may interpret self-help materials rather idiosyncratically and perhaps harmfully (Rosen, 1987; Ellis, 1993). Books, fiction or nonfiction, may cause individuals to have unrealistic expectations, which may frustrate the treatment process (Pardeck, 1991).

IX. CONCLUSION

This paper contributes to the understanding of bibliotherapy theory, including its historical development, definitions, claims, elements, goals, limitations, and four supportive studies of bibliotherapy. What is more, through a literature review and his perspective, the author categorizes bibliotherapy into Clinical Bibliotherapy, Educational/ Developmental/ Humanistic Bibliotherapy, and Self-guided/Self-help/Self-paced Bibliotherapy. Hopefully, this paper clarifies the

differences of these three forms of bibliotherapy. Simply put, the practice of clinical bibliotherapy lies in the individual-therapist contact by which qualified facilitators help their clients through literature for nothing or for hourly pay in a private and comfortable treatment place. The practice of educational bibliotherapy lies in the participant-facilitator contact by which facilitators, especially instructors, help participants by dint of literature for nothing in a more casual place especially in a learning context. The practice of self-guided bibliotherapy lies in the individuals' motivation by which they use literature to help themselves in any places they think appropriate for reading and thinking.

It is necessary to reorganize the two categories of bibliotherapy into three for two reasons. Firstly, this division makes clear the differences and similarities of these three types of bibliotherapies, which helps people (e.g., clinically-trained librarians, counselors, psychiatrists, social workers, psychologists, clinically-trained ministers, teachers, school counselors, public librarians, poets, nurses, ministers, and readers) to choose an appropriate type for bibliotherapeutic practices. Secondly, interested researchers may narrow down or specify their research studies pertaining to bibliotherapy. For example, instead of “educational bibliotherapy,” in 2003 Wang used “self-guided bibliotherapy” to complete his dissertation entitled *Self-Guided bibliotherapeutic experiences related to identity issues: Case studies of Taiwanese graduate students in American university settings* (see the section of STUDIES OF BIBLIOTHERAPY). Also, in 2004 he conducted an educational bibliotherapy study on his students' perceptions of the English literature in his class, and the results of the study⁹ showed that the participating respondents (N=43) tended to agree with the bibliotherapeutic impact of literature on them. The literature included *Tuesdays With Morrie*

⁹ The study has not been published yet.

by Albom (1997) and *Bibliotherapeutic Stories in the US* by Wang (2004).

To be sure, further research studies need to be administered to support the importance of bibliotherapy or investigate the effectiveness of bibliotherapy. On the other hand, clinically-trained librarians, counselors, and the like may practice clinical bibliotherapy as an adjunct in clinical/counseling settings; teachers, school counselors, and so forth may incorporate educational bibliotherapy into their counseling programs or courses to help students strengthen mental health. In particular, through their experience of educational bibliotherapy, the students are likely to foster their self-guided bibliotherapy ability for solving their developmental problems.

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